

FIELD Day, FIELD MONTH, FIELD YEAR

FIRST NAME FIELD LAST NAME FIELD
STREET ADDRESS 1
STREET ADDRESS 2
STREET, STATE, ZIP

For questions and/or problems, help to translate, call the Beneficiary Help Line at 1-800-642-3195

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono **1-800-642-3195** (TTY)

Arabic: 1-800-642-3195

للحصول على المساعدة لترجمة أو استيعاب ذلك فالرجاء الاتصال برقم

Dear Beneficiary:

You are currently eligible for health care coverage through the State Medical Program (SMP). On October 1, 2003 the SMP will become the Adult Benefits Waiver (ABW) program. At that time, some of your coverage will change. This letter tells you about the changes you can expect.

If you have received health care from the SMP program, you were required to go to the Family Independence Agency (FIA) for authorization every time you needed treatment, unless you were a member of a County Health Plan (CHP). Under the new program, this authorization is not necessary. All individuals enrolled in the ABW, including fee-for-service beneficiaries and CHP members, will receive a permanent plastic identification card called the **mihealth card** that will make it unnecessary to get approval from FIA. **Do not throw this card away, even if you lose coverage.** It will have your name and ID number printed on the front and you must take this card with you every time you visit the doctor, pharmacy, hospital or other medical provider to receive medical services.

The CHPs providing ABW services are listed on the back of this letter. If you live in one of these counties, you must use only the providers that are part of the CHP. The CHP will also send an ID card to you. You must take both the **mihealth card** and the CHP card with you when you need medical services and prescription drugs. Some medical services and prescriptions may require authorization before your physician or pharmacist can provide them to you. Your doctor must request the authorization for you.

Some of your benefits in the ABW program will be different from those in the SMP. You will now have coverage for hospital care if it is medically necessary. You will also be able to receive mental health services at your local Community Mental Health Services Program. You must pay a co-payment for some services after October 1, 2003. The following chart lists covered services and the co-payment you must pay when you receive them:

Services Requiring Co-payments	Co-payment Amount
Office Visits	3.00
Emergency Room Visit (without hospital admission)	25.00
Outpatient Hospital (Physician Services)	3.00
Prescription drugs	
Generic and preferred brand drugs	5.00
Brand Name and non-preferred drugs	10.00

New Covered Services	Co-payment Amount
Inpatient Hospitalization, if medically necessary	None
Mental Health and Substance Abuse Services	None

Services provided by podiatrists and chiropractors are not covered under the ABW program. Eyeglasses and hearing aids are not covered benefits.

If you have questions about this letter or enrollment in the new program, you may call the Beneficiary Helpline at 1-800-642-3195.

Sincerely,



Paul Reinhart, Director
Medical Services Administration

B 03-02

COUNTY HEALTH PLANS

<u>County</u>	<u>Health Plan, Address, and Phone</u>
Barry	B-E Healthy P.O. Box 30161 Lansing, Michigan 48909 (866) 291-8691
Bay	Bay Health Plan P.O. Box 1700 Flint, Michigan 48501-1700 (989) 797-7609
Clinton	Mid-Michigan Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Eaton	B-E Healthy P.O. Box 30161 Lansing, Michigan 48909 (866) 291-8691
Genesee	Genesee Health Plan PO Box 1700 Flint, MI 48501-1700 (810) 720-7785
Gratiot	Mid-Michigan Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Ingham	Ingham Health Plan Ingham County Health Department P.O. Box 30161 5303 S. Cedar Lansing, MI 48911 (517) 887-4465 (866) 291-8691
Jackson	Jackson Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Kalamazoo	Kalamazoo County Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Kent	Kent Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Marquette	Health Assistance Program PO Box 30161 Lansing, MI 48909 (866) 291-8691
Midland	Midland Health Plan P.O. Box 1643 Midland, MI 48641 (989) 839-1665

<u>County</u>	<u>Health Plan, Address, and Phone</u>
Montcalm	Mid-Michigan Health Plan P.O. Box 30161 Lansing, MI 48909 (866) 291-8691
Muskegon	Muskegon Care 92 Seaway Drive P.O. Box 0238 Muskegon, MI 49444 (231) 830-1050
Saginaw	Saginaw Health Plan P.O. Box 1700 Flint, Michigan 48501-1700 (989) 797-7610
Washtenaw	Washtenaw Health Plan 555 Towner P.O. Box 0915 Ypsilanti, MI 48197 (734) 544-3050
Wayne	Ultimed PLUS Care 640 Temple Suite 370 Detroit, MI 48201 (313) 833-3450
Wayne	Health Source PLUS Care 640 Temple Suite 370 Detroit, MI 48201 (313)833-3450

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